

**APPLICATION FOR HOME OCCUPATION  
CONDITIONAL USE PERMIT**

*Sandy City Community Development Department  
10000 Centennial Parkway, Sandy, UT 84070  
TEL# (801) 568-7250 FAX# (801) 568-7278*

08/05/2002

**General Information**

**Date application submitted:** \_\_\_\_\_ **Requested Hearing Date:** \_\_\_\_\_

**Filing deadline** for this application: \_\_\_\_\_

The Planning Commission normally meets on the first and third Thursdays of the month. Applicants will be notified of changes in meetings and meeting times. The Planning Division will not officially accept a submittal until the conditions and necessary parts of each application procedure are completed. The Planning Commission will not review any submittal that was made less than twenty-one (21) days prior to the scheduled meeting. Submittals are placed on a tentative agenda until necessary staff review and community council review has been completed.

**Applicant's Name:** \_\_\_\_\_

**Business Name - DBA (if applicable):** \_\_\_\_\_

Any person wishing to use a DBA must submit verification that the name of the business has been registered with the State of Utah.

**Residential Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #: Home:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Type of business:** \_\_\_\_\_

The Business License Office advises all applicants to read the portion of the Home Occupation ordinance dealing with Category III - Conditional Use Permit required. This will delineate maximum limits for visitors, hours, children, etc. Planning Commission may not grant approval for requests that exceed limits established by ordinance.

**Section(s) of Home Occupation Ordinance** that apply to this request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Information**

**Property Owner Information (if not same as applicant):**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone # Home:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Property address** requesting the conditional use: \_\_\_\_\_

**Current Zoning** of property mentioned above: \_\_\_\_\_

**Existing Use** of property mentioned above: \_\_\_\_\_

**Proposed Use** of property mentioned above: \_\_\_\_\_

**Please note that a Conditional Use Permit will expire unless implemented within one year of issuance.**

I affirm that I have read and understand this application and that all representations made and material submitted with this application are true and correct to the best of my knowledge. I understand that should any information supplied be false or incorrect, the Conditional Use Permit and subsequent Home Occupation License may be revoked. I also agree to govern my business in accordance with any conditions that may be placed on my business by the Planning Commission and also with all other ordinances governing my business.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INFORMATION REQUIRED FOR A COMPLETE SUBMITTAL**

1. \_\_\_\_\_ **Completed Application Form** (Including proof of ownership of property or proof that applicant is a certified agent for property owner).
2. \_\_\_\_\_ **Dimensioned Site Plan** that includes the following information (where applicable):
  - a. Location of building(s) (with setbacks shown).
  - b. Parking, landscaping, storage and garbage areas.
  - c. Location and profiles for any proposed signs.
3. \_\_\_\_\_ **Preliminary Building Inspection** by the Sandy City Building & Safety Division. An Inspector must inspect the interior of the home and provide a written report regarding the current compliance of the home and possible improvements that may be required as part of the Conditional Use Permit should it be approved.
4. \_\_\_\_\_ **Meeting/Discussion** shall be conducted with residents within the notification area. Contact your area neighborhood coordinator first to schedule a meeting time. Your letter, as indicated in item #4, should describe the general attitude/concerns your neighbors may have regarding this request and action taken by you to mitigate concerns. (Please see SAMPLE form on next page.) Your neighborhood coordinator is:  
  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
5. \_\_\_\_\_ **Letter Describing the Proposed Conditional Use** and reasons or justifications for the granting of such use. The letter should address why the Conditional Use will not be in contrast to the public interest and whether or not the proposed use will be in keeping with the character of the existing zoning of the area. Refer to the Home Occupation Ordinance and describe all sections that apply to your request.
6. \_\_\_\_\_ **Other Information** which will aid the Planning Commission in making a proper determination (as may be determined by the Planning Staff):
7. \_\_\_\_\_ **Names and Addresses of all Property Owners of Current Record**, including your own, within 300 feet in all directions of the proposed project area, **typed on mailing labels**. (This information is available from the Salt Lake County Recorder's Office, 2001 S. State St.)
8. **Filing Fees:** \_\_\_\_\_ **\$50.00** - for projects that do not require Site Plan Review.  
\_\_\_\_\_ **\$75.00** - for projects that will require further Site Plan Review.

**Appeals of Conditional Uses:**

\_\_\_\_\_ **1/2 of original fee** - for reconsideration of conditions by Planning Commission.

\_\_\_\_\_ **1/2 of original fee** - for appeal of an approved Conditional Use to the City Council